

Dear EMS Leader/Colleague;

This is a survey provided to you from the Indiana Stroke Prevention Task Force. The Task Force was formed in July of 2004 and seeks to provide better education, training, and quality care for stroke patients as well as our medical colleagues and the public. The survey is a tool to help us determine how stroke patients are being treated at the pre-hospital level. This is obviously the start of a good thing for us all. The Task Force determined early in our formation that a set of guidelines were appropriate for a starting point and now with the addition of this assessment we can move on.

We determined that we had to know where we are in order to know where we are going. This assessment should take about 20-30 minutes to complete. Your input as a Pre-hospital Provider is vital. The survey will help us determine the current overall state of stroke care in Indiana and the training we need to provide to get every provider to an overall level of consistent, good patient care. This survey is not a judgment, you as a provider may be doing the care that is needed in your area but the Task Force is dedicated to helping the state achieve an overall level of care to our stroke patients in Indiana. Your completion of this survey will help determine the future of pre-hospital stroke care in our state and should help determine the specific training needed at the dispatch and street level as well as giving us an impression of the treatment you are seeing in the Emergency Departments. Please take a few minutes out of your busy day to review your state of stroke care with us and the input of your Medical Director is encouraged. Thank you for your *Time* and *Dedication* to help us provide better standards for our future patients and families.

Bob Atkins, NREMT-P
Member: Stroke Prevention Task Force
(812) 275-1373
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Indiana Stroke Prevention Task Force

EMS Stroke Assessment 2007

Please Return no later than February 23, 2007 to Bob Atkins, NREMT-P, Member
SPTF c/o BRMC EMS 2900 W. 16th St. Bedford, IN. 47421

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e-mail: ratkins@brmchealthcare.com

Please complete and return to me one week after receiving. All info must be in by
February 23, 2007. You may fax, e-mail, or send by mail. Thanks

Service Information:

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ - _____

FAX: _____ - _____

E-MAIL: _____

MEDICAL DIRECTOR: _____

Organization Information:

1. What level of service do you provide? (check all that apply)
 - ☐ First Responder
 - ☐ EMT-Basic
 - ☐ EMT-Basic Advanced
 - ☐ EMT-Intermediate
 - ☐ EMT-Paramedic
2. Do you have First Responders from your local Fire Departments that respond and arrive on scene prior to EMS personnel?
 - ☐ Yes
 - ☐ No
3. On average, how many EMS calls do you respond to in a year? _____
4. On average, how many EMS calls involving possible stroke/stroke patients do you respond to per year? _____
5. What hospitals do you normally transport to?
 - a. _____
 - b. _____
 - c. _____
 - d. _____

STROKE

6. Are possible strokes treated as emergent responses by dispatch in your area?
 - ☐ Yes
 - ☐ No
7. Do your dispatch personnel have Emergency Medical Dispatch Training at this time?
 - ☐ Yes
 - ☐ No
8. Do you train your dispatchers to identify stroke symptoms by phone?
 - ☐ Yes
 - ☐ No
9. How frequently are your EMS and Dispatch personnel trained on stroke?
 - ☐ Quarterly
 - ☐ Semi-annually
 - ☐ Once a year
 - ☐ Once every two to three years
 - ☐ Only when initially trained
10. What forms of training on stroke are offered or encouraged by your EMS organization for field and dispatch personnel?
 - ☐ In-person seminar/classroom
 - ☐ On-line
 - ☐ DVD or Video
 - ☐ Other
11. Do you have a written protocol or standing operating procedure specific to stroke treatment?
 - ☐ Yes
 - ☐ No

If yes, please identify the treatments that are included: (check all that apply)

 - ☐ Patient Positioning
 - ☐ Oxygen
 - ☐ I.V.
 - ☐ Heart Monitor
 - ☐ Medication Administration
 - ☐ Blood Glucose Check
 - ☐ Airway for unconscious patients
 - ☐ Other treatments

12. What tools and/or scales do you presently use to identify that a patient is having a possible stroke?
- ☐ Cincinnati Stroke Scale
 - ☐ Los Angeles Prehospital Stroke Screen (LAPSS)
 - ☐ FLAGS
 - ☐ FAST
 - ☐ NIH Modified
 - ☐ Other _____
13. What is the earliest your EMS personnel typically notify the destination hospital with the information that they are treating/transporting a possible acute stroke patient?
- ☐ at scene
 - ☐ immediately enroute
 - ☐ as soon as possible enroute
 - ☐ On arrival at destination hospital
14. Is the timeliness of your notification of the destination hospital based on protocol?
- ☐ Yes
 - ☐ No
15. Where do your EMS field providers record stroke scale data?
- ☐ Written run report
 - ☐ Computerized report
 - ☐ Separate report given to receiving facility
 - ☐ Receiving facility paperwork
 - ☐ other
16. Do you use or utilize some form of Thrombolytic Eligibility Checklist in the field?
- ☐ Yes
 - ☐ No
17. Do you have a written protocol and/or policy to determine where acute stroke patients are transported?
- ☐ Yes
 - ☐ No
- If yes is it:
- ☐ Written policy
 - ☐ Contractual
 - ☐ Unwritten/verbal agreement
 - ☐ Ambulance Service Protocol
 - ☐ Standard unwritten procedure (habit)

18. How frequently do you utilize a helicopter for transporting suspected stroke patients?
- ☐ Very Often
 - ☐ Often
 - ☐ Sometimes
 - ☐ Infrequently
 - ☐ Never
19. Please list the hospitals that stroke patients are typically transported to most often.
- a. Hospital 1 (first choice) _____
- b. Hospital 2 (second choice) _____
20. Do you ever bypass one or more hospitals to transport suspected stroke patients to a hospital with more stroke care capabilities?
- ☐ Yes
 - ☐ No
21. If you would bypass a hospital to go to another with greater stroke care capabilities, what would be the average additional mileage to the final destination hospital?
- ☐ 0-9 miles
 - ☐ 10-24 miles
 - ☐ 25-49 miles
 - ☐ 50+ miles
22. What kind of attention do your suspected stroke patients typically receive at the destination hospital?
- ☐ Specialized stroke team is waiting and ready to care for patient.
 - ☐ Patient is assessed by ED physician within 10 minutes.
 - ☐ Patient is assessed by nursing staff on arrival.
 - ☐ Varies from patient to patient
 - ☐ Don't know
23. Do the destination hospitals in your area typically administer thrombolytics to eligible stroke patients?
- ☐ Yes
 - ☐ No
 - ☐ Don't Know
24. How do the destination hospitals in your area typically transport acute stroke patients in need of specialized stroke care not provided at their facility?
- ☐ Ground
 - ☐ Air
 - ☐ Other _____

25. In your opinion, what steps or training is needed to improve stroke care in your area?

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